

## **EXHIBIT “A”**

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**Paragon Revenue Group**  
216 Le Phillip Ct ♦ Concord NC 28025-2954

**Re: JAN R SPEED**  
**Creditor(s)**  
Biloxi Regional Medical C

**Account: 2393**  
**Amount Owed**  
235.34  
**Total Due: \$235.34**

11/26/12

Your account has been placed with this office for collection. This is a serious business matter. Please pay the balance owed or contact our office.

Your account will be placed with all three National Credit Reporting Agencies unless paid or disputed within 30 days of receipt of this letter. This does not affect the rights described below to dispute this account. We will not submit a negative credit report to a credit reporting agency about this credit obligation until the expiration of the period described below.

\$25.00 Service charge on all returned checks.  
Please use return envelope for all correspondence.

Please call 1-800-230-1241.

**Control No.: 6730977**

\*\*\*\* TO PAY WITH FLEX SPENDING OR HSA PLAN CARDS PLEASE CONTACT US BY PHONE OR SPECIFY "HSA" OR "FLEX PAY" ON YOUR PAYMENT SUBMISSION \*\*\*\*

This is an attempt to collect a debt and any information obtained will be used for that purpose.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice this office will provide you with the name and address of the original creditor, if different from the current creditor.

Debt Collectors Since 1986  
NC Department of Insurance Permit #885.

\*\*\*\* TO MAKE PAYMENTS ON LINE VISIT [WWW.PAYPRG.COM](http://WWW.PAYPRG.COM) \*\*\*\*

Security No.: 3129129294

02/22/12

Detach Lower Portion and Return with Payment

**Do Not Mail Checks to this Address**

P.O. Box 1857  
Southgate, MI 48195-0857



<input type="checkbox"/>	Account Number	Exp. Date
<input type="checkbox"/>	Card Holder Name	Pmt Amt
<input type="checkbox"/>	Signature of Card Holder	Date

**Account #: 14032393**  
**Amount Due: \$235.34**

JBBD/14032393/26 330045292639 18477/0018477/0088



Jan R Speed  
179 Bilmaran Dr  
Biloxi, MS 39531-5317

✉ **Mail All Correspondence & Payments To:**  
**PARAGON REVENUE GROUP**  
PO BOX 127  
CONCORD, NC 28026-0127